

## Payroll Earnings/Travel Settlement Authorization

Name (Last, First, Middle Initial)

Date

☐ Bi-Weekly ☐ Monthly

\_\_\_\_\_  
Employee #

\_\_\_\_\_  
Mail Stop

\_\_\_\_\_  
Work Phone

Please select **OPTION I** or **OPTION II** regarding your **payroll or travel** distribution and provide the information requested.

☐ **OPTION I:** Automatic deposit of my \_\_\_\_\_ **net pay**  
\_\_\_\_\_ **travel settlement**  
to my account at the following financial institution:

☐ Enroll ☐ Cancel ☐ Change

\$ \_\_\_\_\_ Dollar Amount ☐ Bank \_\_\_\_\_ Account

Name: \_\_\_\_\_  
Financial Institution Branch

Address: \_\_\_\_\_  
Number Street City State Zip

Account Number: \_\_\_\_\_ ☐ Checking ☐ Savings

**\*\*\*PLEASE ATTACH A VOID CHECK TO THIS AUTHORIZATION\*\*\***

I hereby authorize Lawrence Berkeley National Laboratory to deposit my net pay via electronic transfer of funds. I understand it is my responsibility to notify the LBNL Payroll/General Accounting immediately if I change or intent to change my checking or savings account in any way. I also understand that I may obtain a direct deposit change notice from my department or the HR website for this purpose. I understand that it may take two or more payroll periods for my **payroll funds** to be directly deposited.

\_\_\_\_\_  
Employee Signature

**OPTION II: Check issuance – Hold for department pick-up**

\_\_\_\_\_  
Employee Signature

Please return this form to the Berkeley Lab Payroll Office at Mail Stop 937R0400

## ADDITIONAL CHECKING AND/OR SAVINGS ACCOUNTS

Including the choice made under OPTION I, a total of three transfers may be elected, using any combination of checking and savings accounts.

\_\_\_\_ Payroll

\_\_\_\_ Travel

Name: \_\_\_\_\_  
Financial Institution Branch

Address: \_\_\_\_\_  
Number Street City State Zip

Account Number: \_\_\_\_\_ Type: \_\_\_\_ Checking \_\_\_\_ Savings

**\*\*Please attach a void check to this authorization\*\***

**Specific Amount** to be deposited per payday: \$ \_\_\_\_\_

\_\_\_\_ Payroll

\_\_\_\_ Travel

Name: \_\_\_\_\_  
Financial Institution Branch

Address: \_\_\_\_\_  
Number Street City State Zip

Account Number: \_\_\_\_\_ Type: \_\_\_\_ Checking \_\_\_\_ Savings

**\*\* Please attach a void check to this authorization\*\***

**Specific Amount** to be deposited per payday: \$ \_\_\_\_\_

**If your needs are more than three amounts, please contact the Payroll office at X6543.**